

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 0 2 5

2. STATE:

Georgia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

FR 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 75,743

b. FFY '02 \$ 299,979

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

Reimbursement Methodology For Psychological Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark Trail

14. TITLE:

Acting Director, Div. of Medical Assistance

15. DATE SUBMITTED: September 20, 2001

16. RETURN TO:

Department of Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

September 20, 2001 REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 24, 2001

18. DATE APPROVED:

December 21, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

21. TYPED NAME:

Eugene A. Grasser

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

POLICY AND METHODS FOR ESTABLISHING
PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

W. Psychological Services

Payments are limited to the lower of:

- (a) The submitted charge, or
- (b) the statewide rate as based on a percentage of Medicare's RBRVS (Resource Based Relative Value Scale) not to exceed the current applicable year.

TN No. 01-025
Supersedes Approval Date DEC 21 2001 Effective Date JUL 01 2001
TN No. New



MEMORANDUM

Date: December 21, 2001
From: Associate Regional Administrator, CMS, DMSO, Region IV, Atlanta, GA
Subject: Georgia State Plan Amendment, Transmittal #01-25
To: Elliott Weisman, CMS, CMSO, Baltimore, MD

A copy of the subject plan amendment is forwarded for your information.

The effective date of this amendment is July 1, 2001.


Eugene A. Grasser

Attachments